FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # N0000008106 1. Entity Name BAY PINES EDUCATION FOUNDATION, INC. 04-27-2001 90228 022 ****61.25 Principal Place of Business Mailing Address 10,000 BAY PINES BLVD. 10.000 BAY PINES BLVD. ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 2. Principal Place of Business 3. Mailing Address 10,000 Bay Pines Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE VAMC 11B City & State City & State 4. FEI Number Applied For Not Applicable St Petersburg, Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33708 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOWLING, RUTH Street Address (P.O. Box Number is Not Acceptable) 10,000 BAY PINES BLVD. ST. PETERSBURG FL 33708 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Channe Addition Delete TITLE WEAVER, THOMAS H NAME NAME STREET ADDRESS P.O. BOX 5005 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BAY PINES FL 33744 Change ■ Addition TITLE TITLE Delete Director KUCH, JEFFREY NAME NAME Pramod Mohanty, MD P.O. BOX 5005 STREET ADDRESS STREET ADDRESS P.O. Box 5005 CITY-ST-ZIP BAY PINES FL 33744 CITY-ST-7IP Bay Pines, FL 33744 ☐ Addition ☐ Delete TITLE Change TITLE LAW. DAVID NAME NAME STREET ADDRESS P.O. BOX 5005 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY PINES FL 33744** TITLE ☐ Change Addition TITLE ☐ Delete BENJAMIN, WILLIAM F NAME STREET ADDRESS 4202 EAST FOWLER AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33620** TITI F ☐ Delete TITLE Change Addition EGBERT, DAVID NAME NAME STREET ADDRESS 100 2ND AVE. NORTH, STE. 311 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-33-01

(727)3989306